

## Payment Policy | Temporary Timely Filing Limit Extension Policy – Additional 180 Days



**EFFECTIVE DATE:** 03|18|2020

**POLICY LAST UPDATED:** 03|18|2020

### OVERVIEW

Due to the potential disruption in business practices related to COVID-19, Blue Cross & Blue Shield of Rhode Island (BCBSRI) will temporarily allow for an additional one-hundred and eighty (180) day extension to its current timely filing claims submission timeframe as outlined in its Timely Filing policy, subject to the limitations outlined in this policy.

This policy applies to BCBSRI participating providers only.

BCBSRI reserves the right to implement and revoke this policy without the contractual sixty-day (60) notification for a change in policy that is normally required under BCBSRI contracts with its providers. This applies to both the effective date as well as the withdrawal date of this policy.

**Notice of the implementation and withdrawal of this policy will only be communicated through its posting on BCBSRI's provider website.**

### POLICY STATEMENT

#### **Commercial and BlueCHiP for Medicare Participating Providers:**

This policy shall temporarily extend BCBSRI's timely filing claims submission timeframe by an additional one hundred and eighty (180) days/allow for a full three hundred and sixty-five (365) days timely filing limit from the initial date of service while this policy is in effect.

This policy is in effect for dates of service on or after March 1, 2020 until such date that BCBSRI withdraws this policy.

This policy does not apply to:

- Dental Providers, as BCBSRI currently allows for 365 days claims submission;
- Member submitted claims/receipts;
- Nonparticipating providers; and
- Veterans Administration Facility services as BCBSRI currently allows for a 6-year timely filing limit.

### MEDICAL CRITERIA

Not applicable

### BACKGROUND

#### **Appeals of Payment Determinations**

Providers are entitled to a review and reconsideration of any claims payment that is believed to be inaccurate or does not reflect an appropriate allowance for the services rendered. Administrative appeals are handled by BCBSRI's Grievance and Appeals Unit (GAU). GAU will acknowledge receipt of appeals either orally via telephone or in writing via an acknowledgement letter. BCBSRI staff will complete the review and send a determination letter. The entire process will be completed within 60 calendar days of receipt of the appeal.

To report errors or request review of a payment (or adjustment), call the Physician and Provider Service Center, or write to or send the Provider Appeal Request Form to:

Attn: Grievance and Appeals Unit  
Blue Cross & Blue Shield of Rhode Island  
500 Exchange Street  
Providence, RI 02903

#### **COVERAGE**

Not applicable

#### **CODING**

Not applicable

#### **RELATED POLICIES**

Timely Filing

#### **PUBLISHED**

BCBSRI's website under Alerts and Update

#### **REFERENCES**

Not applicable

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